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ABSTRACT

This report describes the collaboration of a public school early childhood special education preschool, an area Head Start program, and a university to provide expanding educational opportunities for university students and preschool children. This paper describes the first year of the program, including the initial planning and the creation of a shared vision statement among the three organizations; the organization of the first year classroom and the identification of classroom-based interventions; the establishment of specific objectives for children with disabilities; and end-of-the-year outcomes, advantages, and evaluation. Twenty-two preschool children, 10 with disabilities and 12 typically developing Head Start children, participated in this pilot project to create an integrated early childhood program. University students from a variety of disciplines gained experience in working in an inclusive preschool setting. Graduate students in speech-language pathology provided classroom-based intervention under the combined supervision of a Head Start family educator, an early childhood special educator, and a university clinical supervisor. Contains 10 references. (Author/DR)

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Inclusion Plus Collaborative Teaming Equals Success in Early Childhood Education

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Abstract

A public school Early Childhood Special Education preschool, an area Head Start, and a university collaborated to provide expanding educational opportunities for university students and preschool children. Twenty-two preschool children, 10 with identified disabilities and 12 typically developing Head Start children, participated in a pilot project to create an integrated Early Childhood Program. University students from a variety of disciplines gained experience in working in an inclusive preschool setting. Graduate students in speech-language pathology provided classroom-based intervention under the combined supervision of a Head Start family educator, an Early Childhood Special educator, and a university clinical supervisor. The purpose of this paper is to present the evolution of the program from initial planning to end of the year evaluation.

Inclusion Plus Collaborative Teaming Equals Success in Early Childhood Education

Advocates for best practices in early childhood special education consistently state that children with disabilities should be educated in settings that include typically developing children (Bricker, 1978; Chandler, 1994; Roberts, Pratt, & Leach, 1991; Strain, 1990). Odom and McEvoy (1988) reported findings of several studies that identified advantages for both typically developing children and children with disabilities who were educated in integrated settings. However, many early childhood programs continue to operate in a segregated manner. Children with disabilities, especially those with moderate-to-severe disabilities, continue to be served in self-contained classrooms providing little or no opportunity for contact with typically developing peers. Support services such as physical therapy, occupational therapy, and speech-language therapy often occur in isolated settings away from the classroom. Because the growing body of literature suggests that young children with disabilities learn best in nonsegregated environments, the question of interest becomes, "Why are we continuing to serve most children with disabilities in segregated settings?"

To answer this question it is necessary to look at our training models. Special education teachers are typically trained to serve children with special needs in self-contained classrooms. Speech-language pathologists are trained to provide speech-language services in isolated or small group settings. Regular education teachers are trained to teach typically developing children in large group settings and receive little experience in educating children with disabilities. Therefore our training institutions need to prepare professionals to meet the work force demands being dictated by current educational reform.

Vandercook, York, and Sullivan (1993) described characteristics for collaboration and how universities and public schools can work together for positive educational reform. The defining characteristics included: mutual goals, voluntary participation, parity among participants, shared responsibility for participation and decision -making, shared accountability for outcomes, and shared resources.

Utilizing the characteristics of collaboration as a foundation, the University of

Nebraska-Lincoln (UN-L), Lincoln Early Childhood Special Education Department, and the Lincoln Public Schools Head Start combined efforts to develop a training program for students in the departments of speech-language pathology, early childhood special education, and related fields. The following is a description of the project from initial planning to first-year program evaluation.

Planning and Development

This collaboration initially was envisioned between the directors of the Lincoln Public Schools Early Childhood Special Education Program and Linclon Public Schools Head Start Agency. At approximately the same time the vision was developing, the public school and university administrators began discussions to explore the possibility of an Early Childhood Special Education (ECSE)/Head Start classroom. This classroom would be housed at the speech-language hearing clinic in the Department of Special Education and Communication Disorders on the University of Nebraska-Lincoln (UN-L) campus. These discussions evolved into a vision statement among the three agencies (ECSE, Head Start, and UN-L):

1. To develop a collaborative program for delivery of quality services to young children.

2. To encourage interchange between faculty and staff of the three programs to foster the professional development of each of the groups.

3. To improve the pre-professional programs in speech-language pathology.

4. To extend the project to other professional programs in the Department of Special Education and Communication Disorders.

The three agencies developed a formal contract outlining the roles and responsibilities of each party. This was a renewable contract for a period of three years with the option for any one of the three agencies to terminate the contract at the end of an academic year.

The public school and Head Start administrators selected teachers from their respective programs for the project. These teachers were invited to participate in the UN-L interviewing and selection process for a clinical supervisor/speech-language pathologist (SLP). The three professionals (the authors) selected for the project shared similar philosophies and presented

strong educational backgrounds and experience in early childhood education. Of primary importance in the selection of these three individuals was their reported support for integrated and classroom-based special education service delivery.

Classroom

During the first year of the project there were 22 children, 10 with identified disabilities and 12 typically developing Head Start children. The 22 children ranged in chronological age from 3 years to 5 years and developmentally from 6 months to 6 years. Seven of the 10 children with disabilities were dually enrolled in ECSE and Head Start. Those 10 children presented disabilities in the areas of behavioral disorders, mentally handicapped from mild to severe, orthopedic impairment, speech-language impairment, visual impairment, and combinations of these disabilities.

Because children in Head Start are considered "at risk" for future educational difficulties without early intervention, the program offered distinct advantages for those children. The daily presence of the special educator and the speech-language pathologist provided opportunities to facilitate cognitive, communication, play, and social development with the Head Start children during ongoing activities in the classroom. The Head Start children provided appropriate language, play, and social models for the children with disabilities.

The preschool program lasted 4 hours, beginning at 9:45 a.m. and ending at 1:45 p.m. The daily schedule included arrival, hand washing, and snack. This was followed by an opening, large group circle time. Opening group included activities such as singing, repeating rhymes, doing finger plays, reading a story, and reviewing child job assignments. From 10:45 to 11:45 the children planned their own activities for playing in self-selected classroom centers; went to those centers to play; and then reviewed with an adult where they had played. A teacher-directed small group activity called "committees" was next in the schedule, followed by a personal reading time. The children ate lunch from 12:30 to 1:00, engaged in gross motor/free play from 1:00 to 1:30, and prepared for dismissal at 1:45.

Adaptations were made to meet the needs for the broad range of developmental ages (approximately 6 months to 6 years of age) represented in the classroom. Planning allowed

opportunities for pointing, gesturing, or eye-gaze toward concrete objects. Choices were also made by selecting photographs or pictographs, describing as a teacher drew a plan, or completing one's own representational drawing. The classroom also was equipped with adaptive toys, utensils, and communication devices.

Classroom-Based Intervention

Speech-language services and special education services primarily occurred in the classroom. The university supervisor, early childhood special educator, SLP student clinicians, and/or special education student teachers provided intervention using an inclusion model of service delivery. "Full inclusion" (Harmand, Drew, Egan, & Wolf, 1993) brings the support services to the child with disabilities instead of removing the child from the classroom for instruction. Special education services occurred in three primary formats (K. L. Garrett, personal communication, October 10, 1994) throughout the day:

1. **Instructional** = adult directed activities in large and small groups, such as opening and committee time.

2. **Didactic** = adult facilitated interactions between two children. These types of interactions typically were encouraged during work time.

3. **Facilitative** = child directed interactions with peers supported by an adult when communication breakdowns occurred. Child-to-child interactions occurred frequently and were strongly encouraged throughout the day.

Thematic units formed the basis for planning activities. The units generally were literature-based or literature-supported. Books selected for opening group supported the weekly theme and were analyzed for adaptability, text simplicity, and picture-text relationship. The materials available in the room were changed weekly to accommodate the theme. This included changing library books, housekeeping materials, tiny toys materials, play dough utensils, art and sand table choices. For example, the housekeeping area was equipped with dental supplies for dental health week. Puzzle choices included those containing teeth, faces, toothbrushes, and so on. Toy dental picks and tooth molds were used with play dough. The art center was equipped with white paint and manila paper cut in the shape of a tooth.

Specific objectives for children with disabilities were identified along dimensions of increasing linguistic and cognitive complexity. Objectives for Opening Group could include:

1. With physical assist will perform actions for songs or finger plays;
2. Will point to pictured information on request;
3. Will select a song or finger play using a choice board;
4. Will attend to group activity for 3-5 minutes;
5. Will express a complete relationship depicted in a picture;
6. Will restate utterance using a closer approximation of the correct form following request for repetition or clarification.

A variety of strategies were used by all students, faculty, and staff to facilitate cognitive, social, and communication development of the ECSE and Head Start children. Some specific strategies employed were as follows:

1. **Modeling** = adult or peer demonstrates a potential utterance, play behavior, or appropriate use of materials.

2. **Gesturing** = adult or peer uses points, conventional signs, or pantomime to enhance comprehension of a verbal message or to elicit a message or behavior from a child.

3. **Providing choices** = adult offers two or more options from which the child may select.

For example: "You may go to blocks or play dough." or "Will you play with tiny toys or in housekeeping?"

4. **Expanding** = adult or peer adds more information to a verbalization or play behavior.

For example: Child dumps out beads. Adult or peer picks up two beads and puts them together.

5. **Parallel talk and parallel play** = adult or child play beside child peer engaged in the same activity. The adult or peer talks about what he or she is doing.

Occupational therapy and physical therapy occurred within the regular classroom activities whenever possible. For example, fine-motor skills (correct scissor hold, pincer

grasp, eye-hand coordination) were addressed at the art table or during lunch. Physical therapy for walking, throwing, and stretching was completed during free play when possible. The daily activities planned by classroom staff attempted to address fine and gross motor needs.

Outcomes and Advantages

At the end of the project's first year, descriptive information was gathered to determine both satisfaction with the program and its effectiveness in accomplishing the envisioned goals. Parents, administration/staff, and university students reported on their participation in the project. To determine child gains, informal measures were collected through pre- and post-testing procedures, using developmental checklists.

Parents

Parents of Head Start and ECSE children believed the goals of the program were well-achieved. The program exceeded their expectations. Parents identified three areas of greatest satisfaction: (1) opportunities for active participation; (2) opportunities to receive information regarding communication resources, child development, and developmentally appropriate practices; and (3) opportunities to share information regarding their children's needs as related to curriculum.

Administration / Staff

Coordination and collaboration were achieved in all targeted areas: (1) developing a common vision, (2) hiring staff who build bridges between programs, (3) sharing information about goals and services, (4) respecting professional expertise, (5) keeping team members informed, (5) defining roles, (6) delegating responsibility. The administration and staff also found the program enhanced inclusion of all students, enhanced educational excellence, and enhanced school innovation.

University Students

Students identified components of the project that they found most beneficial and those aspects of the program that were problematic. Areas of greatest satisfaction included planning and working with classroom staff and engaging in interdisciplinary activities (i.e., child program planning, team teaching, and peer coaching). Areas of greatest concern were (1) the

need for more modeling of intervention techniques; (2) the need for assistance in organizing and managing large group activities; and (3) the need for direct support in providing intervention to students with severe disabilities.

Children

Pre- and post-test measures were obtained using the Integrated Developmental Experiences Assessment Scale (IDEAS) (Norris, 1992) and the Westby Symbolic Play Scale (Westby, 1980). Nine of the 10 children with disabilities were identified as exhibiting a speech-language impairment as their primary or a secondary handicapping condition. Those 9 children served as the subjects for evaluating program effectiveness in meeting identified special education needs. Areas targeted for assessment were cognition, communication, play, and social abilities. Only group data was reported to maintain anonymity of the ECSE children. As a group, the children with disabilities made the following average gains:

1. Cognition; 10 months gain (range of 4 to 22 months increase)
2. Communication; 10.5 months gain (range of 5 to 16.5 months increase)
3. Play; 9 months gain (range of 2.5 to 19.5 months increase)
4. Social; 9 months gain (range of 3.5 to 18 months increase)

Discussion

Overall, the first-year results were successful in developing a preschool program through the collaborative efforts of a public school, a Head Start agency, and a university. Many of the goals established by the respective agencies were attained and/or surpassed. There were many reasons why the project produced generally favorable results for program developers, implementers, and recipients.

The advantages for the families of the children in the preschool project ranged from the availability of resources provided by all three agencies to collaboration with personnel for a variety of experiences and shared expertise. The program offered neighborhood and community partnerships, promoted active participation by parents in the educational programming offered to their children, and empowered parents to advocate for their children by becoming active team members within the preschool.

As proposed in the vision statement, there was participation in shared staff development with input from Head Start, ECSE, and the university. Sharing experience and expertise occurred between and among the staff. Peer-coaching helped in facilitating professional skill development outside the area of expertise. Sharing leadership, responsibility, and planning provided distinct advantages to all team members.

Despite some concerns expressed by students in learning to provide classroom-based intervention, students gained clinical experiences not afforded by traditional training models. Students experienced collaboration with other professionals and parents. They developed skills for teaming and for providing classroom-based intervention. Interdisciplinary experiences occurred for students from agriculture, music, nursing, special education, early childhood education, and speech-language pathology. A preschool evaluation team had opportunities to complete natural environment assessments and to learn about public school policies and procedures prior to their student teaching experience. Students could observe typical development and gain experience in classroom-based intervention for a diverse range of disabilities.

The preschool project represented best practices in early childhood education and special education in a number of areas. The present findings and other current research (Bruder, 1993; Goldstein, 1993) support classroom-based intervention and inclusion of peers into ECSE programs. This model facilitated carryover and generalization of skills due to the natural setting in which intervention occurred. Program effectiveness and child outcomes were assessed in the natural environment. Multi-age, multi-abilty, and multicultural grouping allowed for peer tutoring opportunities in addition to the facilitation and instruction provided by the interdisciplinary staff. The noticeable 9-month average gain in cognition, communication, play, and social skills for children with disabilities provided support for continuation of the program for a second year.

Summary

Inclusion and collaboration are not new or innovative notions for educating preschool children, nor are cooperative endeavors between university and public school agencies

uncommon. However, successful efforts require truly collaborative partnerships. Empowering all of the collaborating parties with information regarding who is responsible for what services reduces anxieties and uncertainty in developing programs that accomplish the desired goals.

As with any project in its infancy and development stages, problems do arise. The current project encountered challenges in meeting some needs of students in training. By allowing students to express their concerns, the program implementers were able to utilize that information in planning changes for the second year of the project.

The program continues to undergo changes as the program developers and implementers gather information from parents, children, and university students. Additional observational and qualitative data will be collected as the program evolves and as different children and university students participate in the program.

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